State of Alaska
Department of Commerce, Community,
and Economic Development
Division of Insurance
550 W. 7th Avenue, Suite 1560, Anchorage, AK 99501-3567

❑ ORIGINAL   ❑ AMENDMENT

Batch # _____ $ _____

Date of Issue _____

Approved By _____

Lic. No. _____

APPLICATION FOR ACCREDITATION OF REINSURER

Application is hereby made to the Director of Insurance for Accreditation as a Reinsurer in the State of Alaska during the license year beginning July 1, 20_____.

1	Name of Insurer: _____ NAIC # _____ If amending name, indicate former name: _____
2	Home Office Address: _____ Executive Office Address: _____ Mailing Address: _____ Telephone: _____ Are these addresses the same as those shown on your Annual Statement? ❑ Yes ❑ No If no, indicate why. _____
3	State or Country of Domicile: _____ Date Organized: _____ If redomesticating, indicate former state of domicile: _____
4	Date of Last Examination: _____
5	a. Par Value of Issued Stock: $ _____ b. Surplus as regards policyholders: $ _____
6	Certificate of Deposit (Home State): $ _____ (Alaska): $ _____
7	Ultimate Owner/Holding Company: _____
8	Signed at _____ this _____ day of _____, 20 _____ By _____ Title _____

(See other side for documents and fees to be submitted)

08-277G (Rev. 08/15)

ACCREDITATION OF REINSURER[*]
FORMS AND FEES REQUIRED (AS 21.12.020)

ORIGINAL

1. Application Form.

2. Annual Statement with Complete Jurat and Certified by Insurance Department of domicile state and subsequent quarterly statements filed with the state of domicile.

3. Certificate of Compliance from domicile state or state of entry into U.S.

4. Certificate of Valuation (Life Insurance companies).

5. Certificate of Deposit from domicile state.

6. Application fee of $500.

7. Certificate of Assuming Insurer (AR-1, 08-238)

8. Audited annual Financial Statements.

9. Annual Management Discussion and Analysis.

10. UCAA- Uniform consent to Service of Process (Form 12)

11. Copy of most recent domestic state examination.

[*]*This status is reserved for companies that are admitted in at least one state in the United States. It should not be confused with companies wishing to be recognized as an Assuming Alien Insurer under AS 21.12.020(a)(4) where companies are required to file a trust agreement under the terms described in that section.*